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I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on:										
Date: July 11, 2005  By: Che de Autholand										
	July 17, 2005	Dee/Dee Sutherland								
	The same of the sa	PATENT								
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE										
1										
IN RE AF	PPLICATION OF: WALTER N. BURNETTE, III	ART UNIT: 1631								
APPLICA	ATION NO.: 08/448,727	EXAMINER: JOHN BRUSCA								
FILED:	May 24, 1995									
For: M	MODIFIED PERTUSSIS TOXIN									
	Tue no mittal of late micros Summer	.m. Amandasant								
	<u>Transmittal of Interview Summa</u> and Response to Office									
	<u> </u>	<u></u>								
Mail Sto	op Amendment									
	ssioner for Patents									
P.O. Box 1450										
Alexand	dria, VA 22313-1450									
Sir:										
1. T	1. Transmitted herewith are the following:									
_										
	January 26, 2005									
	including Replacement Sheet for Figure 7 Petition for Three-Month Extension of Time									
	☐ Terminal Disclaimer									
[2	<ul> <li>Sequence Listing printout, floppy diskette, Statement of Sequence Listing</li> <li>Information Disclosure Statement, Form PTO-1449 (modified),</li> </ul>									
L	<ul><li>Information Disclosure Statement, References</li></ul>	Tomi 110-1440 (modifica),								
	☐ Check in the amount of \$1,820.00.									
2. <u>E</u>	Entity Status .									
	☐ Small Entity Status (37 C.F.R. § 1.9 and § 1.27) has been established by a previously submitted Small Entity Statement.									

## 3. Conditional Petition for Extension of Time:

Applicant petitions for an Extension of Time, <u>if necessary</u>, for timely of this transmittal and enclosures.

## 4. Fee Calculation and Payment

For:	No Filed	(Col. 2) No.	Small Entity			Other Than a Small Entity	
		Extra	Rate	Fee		Rate	Fee
Total Claims	18 – 26	0	x \$ 25 =	\$	or	x \$ 50 =	\$
Independent Claims	8 – 4	4	x \$100 =	\$	or	x \$ 200 =	\$ 800.00
☐ Multiple Dependent Claim Presented				\$	or		\$
⊠ Extension of Time Fee (3 months)							\$1,020.00
*If the difference in Col. 1 is less than zero, enter "0" in Col. 2.			TOTAL	\$0	or	TOTAL	\$1,820.00

## 5. Provisional Fee Authorization

Please charge any underpayment in fees for timely filing of this transmittal and enclosures to Deposit Account No. 50-2586.

Respectfully submitted, Perkins Coie LLP

Date: July // , 2005

Michael J. Wise Registration No. 34,047

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